

MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

February 19, 2015

The Michigan Health IT Commission is an advisory Commission to the Michigan Department of Community Health and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275



Welcome & Introductions

- New Commissioner Introductions
- Commissioner Updates



HIT/HIE Update

Meghan Vanderstelt, MDCH



February 2015 Updates

- Dashboard
- DCH-3927 Standard Consent Form Update
- LTSS Follow Up
- 2015 Key Grant Initiatives
- Public Comment



Standardizing The Consent Process In Michigan

Meghan Vanderstelt

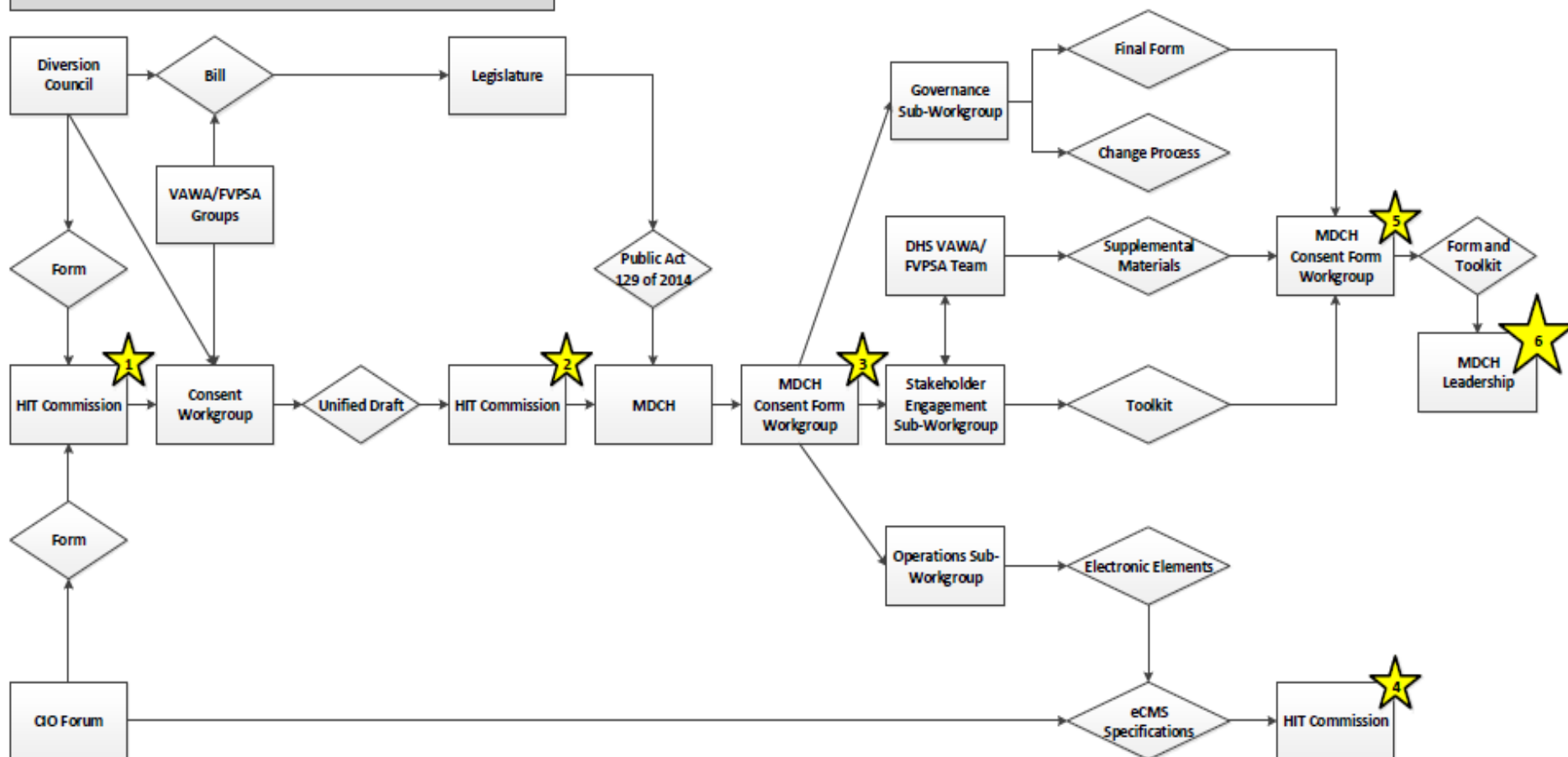
HIT Manager- Policy and Innovation

Michigan Department of Community Health



THE HISTORY OF THE STANDARD CONSENT FORM (DCH-3927)

Office of Health Information Technology, MDCH



- Diversion Council
- CIO Forum
- Michigan Health Information Network (MiHIN)
- Health Information Technology (HIT) Commission
- Department of Human Services (DHS)
 - + Violence Against Women Act (VAWA)
 - + Family Violence Prevention and Services Act (FVPSA)

- Michigan State Medical Society
- Michigan Health and Hospital Association
- Individual Community Mental Health Service Providers
- MI Health Link (Internal Team and Integrated Care Organizations)
- MDCH Communicable Disease Team
- VAWA/FVPSA Agencies
- Supreme Court Administrative Office
- Health Care Section of Michigan Bar

STAKEHOLDERS

★ 1	10/17/2013	★ 4	10/16/2014	LEGEND
★ 2	3/20/2014	★ 5	11/6/2014	
★ 3	6/26/2014	★ 6	Today	
				Group
				Deliverable

Purpose of the MDCH Workgroup

- Assist MDCH with implementing Public Act 129 of 2014, which requires the Department to:

“...develop a standard release form for exchanging confidential mental health and substance use disorder information for use by all public and private agencies, departments, corporations, or individuals that are involved with treatment of an individual experiencing serious mental illness, serious emotional disturbance, developmental disability, or substance use disorder.”

Who Was Involved

- Staff within MDCH
 - Behavioral Health
 - Policy
 - Legal
 - Public Health
 - Medicaid
- State of Michigan agencies including DHS and DTMB
- External partners

Deliverables

- Developed Consent to Share Information Form
 - DCH-3927
- Developed a Standard Consent Form Toolkit to provide guidance on the use and application of DCH-3927
- Recommended a strategic blueprint for electronically exchanging DCH-3927 using the statewide Health Information Exchange (HIE) Infrastructure



MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
CONSENT TO SHARE YOUR HEALTH INFORMATION

THIS FORM CANNOT BE USED FOR A RELEASE OF INFORMATION FROM ANY PERSON OR AGENCY THAT HAS PROVIDED SERVICES FOR DOMESTIC VIOLENCE, SEXUAL ASSAULT OR STALKING. A SEPARATE CONSENT MUST BE COMPLETED WITH THE PERSON OR AGENCY THAT PROVIDED THOSE SERVICES. (See FAQ at www.michigan.gov/ShareConsent to determine if this restriction applies to you or your agency)

Individual's Name: _____ Date of Birth: _____

Individual's ID Number (Medicaid ID, SSN, other): _____

Your consent is needed to share certain types of your health information including:

- Behavioral and mental health services
- Referrals and treatment for alcohol and substance use disorder
- Communicable diseases such as sexually transmitted diseases and human immunodeficiency virus (HIV Infection, Acquired Immune Deficiency Syndrome or AIDS Related Complex)

This information will be shared to help diagnose, treat, manage and get payment for your health needs. You can consent to share all of this information or just some information. (See FAQ at www.michigan.gov/ShareConsent)

I. I consent to share my information among:
 (Additional persons or agencies can be added at top of the next page)

1. _____ 3. _____
 2. _____ 4. _____

II. I consent to share:

- ☐ All of my health information listed above
 -OR-
☐ All of my information listed above except:
 (list types of health information you do not want to share)

III. By signing this form I understand:

- My information may be shared among each agency and person listed above
- My information will be shared to help diagnose, treat, manage and pay for my health needs
- My consent is voluntary and will not affect my ability to obtain mental health or medical treatment, payment for medical treatment, health insurance or benefits
- My health information may be shared electronically
- This form does not affect the sharing of my physical health information for purposes of treatment, payment, or health care operations or as otherwise allowed by law
- The sharing of my health information will follow state and federal laws and regulations
- This form does not give my consent to share psychotherapy notes as defined by federal law
- I can withdraw my consent at any time; however any information shared with or in reliance upon my consent cannot be taken back
- I should tell all agencies and people listed on this form when I withdraw my consent
- I can have a copy of this form

My consent will expire on the following date, event or condition unless I withdraw my consent.
 (If expiration date is left blank or is longer than one year, the consent will expire 1 year from the signature date)

I have read this form or have had it read to me in a language I can understand. I have had my questions about this form answered.

Signature of person giving consent or legal representative _____ Date _____

Relationship to Individual

- ☐ Self ☐ Parent ☐ Guardian ☐ Authorized Representative

Additional persons or agencies – continued from previous page

5. _____ 8. _____
 6. _____ 9. _____
 7. _____ 10. _____

WITHDRAW OF CONSENT

I understand that any information already shared with or in reliance upon my consent cannot be taken back.

☒ **I withdraw my consent to the sharing of my health information:**

- ☐ Between any of the following persons or agencies:

- ☐ For all persons and agencies

Signature of person withdrawing consent or legal representative _____ Date _____

Relationship to Individual

- ☐ Self ☐ Parent ☐ Guardian ☐ Authorized Representative

Verbal Withdraw of Consent:

This consent was verbally withdrawn.

Signature of person receiving verbal withdraw of consent _____ Date _____

- ☐ Individual provided copy ☐ Individual declined copy

AUTHORITY: This form is acceptable to the Michigan Department of Community Health as consistent with HIPAA privacy regulations, 45CFR Parts 160 and 164 as modified August 14, 2002, 42 CFR Part 2, PA 253 of 1974 and MCL 330.1743 and PA 355 of 1975, MCL 333.1101 et seq and PA 102 of 2014, MCL 330.1141a.

COMPLETION: Is Voluntary, but required if disclosure is requested.

The Michigan Department of Community Health is an equal opportunity employer, services, and programs provider.

Highlights of the Tool-Kit

- Exclusion for individuals receiving services for domestic violence, sexual assault, and/or stalking
- HIPAA authorization vs. consent to share
- Named providers, organizations, or agencies can share protected information among one another
- Individual's right to revoke consent
- Providers not required to use DCH-3927 form, but must accept it
- Individual must renew consent annually

Resources

- [Michigan Behavioral Health Standard Consent Form Website](#)
- [Public Act 129 of 2014](#)
- [DCH-3927 Behavioral Health Consent Form](#)
- [Individual Specific Frequently Asked Questions](#)
- [Provider Specific Frequently Asked Questions](#)

Questions?

While MDCH is not able to provide legal advice, we are happy to answer any additional questions you may have by phone at 844-275-6324 or by email at MDCH-BHConsent@michigan.gov

Annual Report

- Six domains that shaped 2014 activities as well as goals, objectives, and agenda for 2015
 - Stakeholder and Consumer Engagement
 - Governance, Policy, Planning, and Innovation
 - Care Coordination
 - Person-Centered Planning
 - Privacy and Security
 - Population Health and Data Analytics



MiHIN Dashboard Update



2015 Goals – February HIT Commission Update

Governance Development and Execution of Relevant Agreements

- MiHIN Operations Advisory Committee meeting 3-10-15 8:30a-4p @ MiHIN
 - MOAC expansion – new classes of stakeholders (MHA, MSMS, others)
 - MOAC Strategic Plan based on MiHIN Board Strategic Plan
 - Statewide “Share Lab Results” Use Case
- HIE QO Day is planned for Tue. March 17, 10am – 2pm at MiHIN
- First Payer QO monthly call held: Wed. February 11 from 10-11am
- New Data Sharing Organizations:
 - HIE-QO: PatientPing
 - HIE-QO: Administrative Network Technology Solutions, Inc. (ANTS)
 - SSO: Altarum
 - Spectrum reviewing SSOA (to be sponsored by Priority Health, Payer-QO)
- Legal team developed “Direct Data Sharing Organization Agreement” (DDSOA)
- MiHIN Co-chairs NATE PHR Excite Phase II:
 - New BlueButtonPlus Consumer Trust Bundle approved
 - DirectTrust for Providers + NATE Trust for Consumers shown live @ONC

Technology and Implementation Road Map Goals

- New ADT senders (330 total senders):
 - Hillsdale Hospital (GLHC)
 - Karmanos Hospital (GLHC)
 - McLaren Hospital (GLHC)
 - Marquette General Hospital (UPHIE)
- New ADT receivers (now 24 total receivers):
 - Oakland Physicians Network Services (OPNS) through GLHC
 - MiPCT through McLaren Hospitals
- Estimated **90%** of admissions statewide now being sent through MiHIN
- Medication Reconciliation Use Case Ready to pilot in spring
- Newborn Screening/CCHD, Cancer Notifications, and Birth Defect Notification, Share State Lab Results, Newborn Hearing Use Cases advancing with MDCH
- Beaumont, UMHS actively participating in Identity Exchange Hub/HICAM
- MiHIN new “Remote Identity Proofing Service” to be shown nationally soon

2015 Goals – February Update

QO & VQO

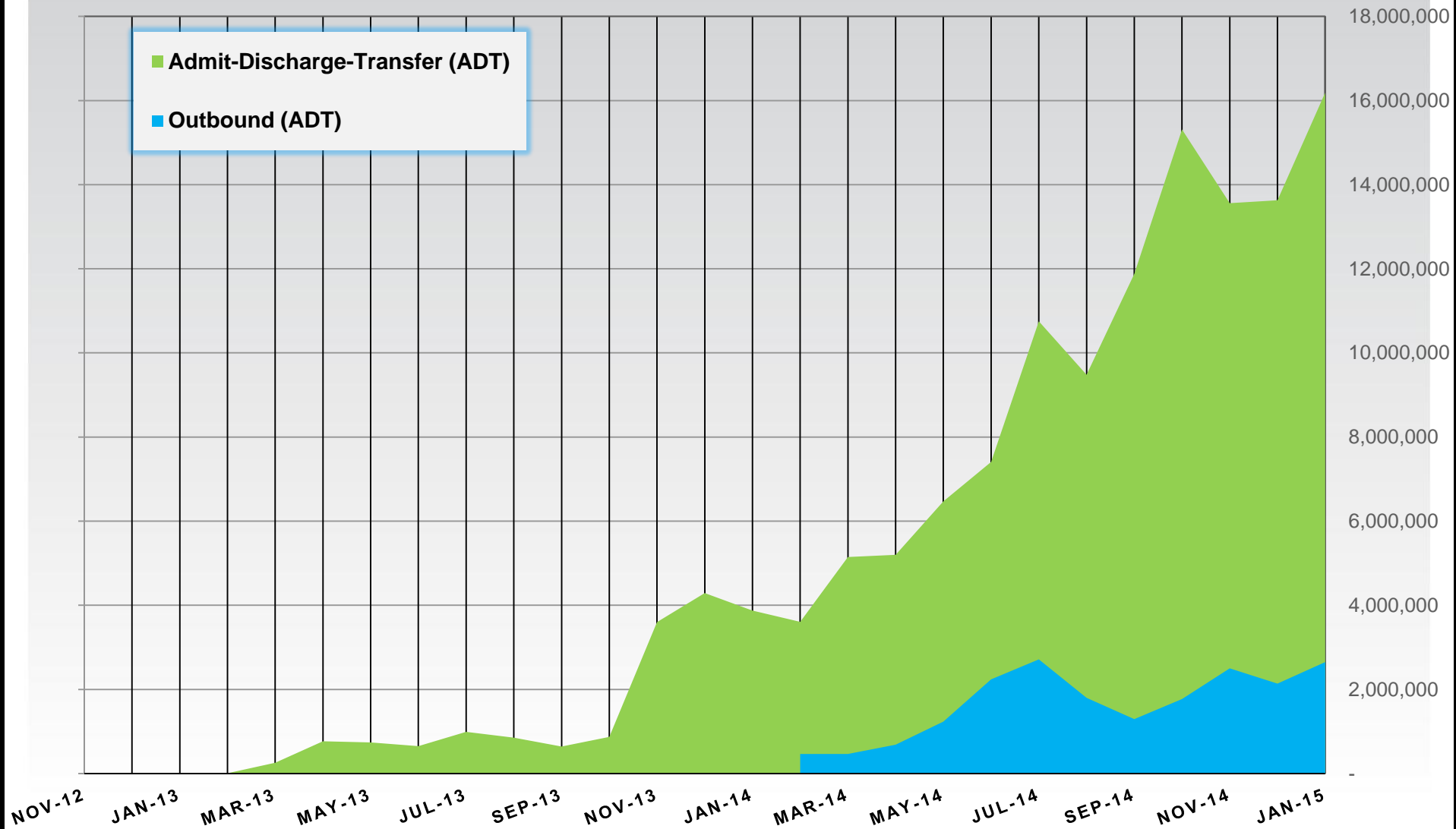
Data Sharing

- More than **178 million+** messages received since production started May 8, 2012
 - **3-5 MLN+** ADT messages/week; **1.1 MLN+** public health messages/week
- New patient match for ADTs **> 50%** match rate; sent **1.2 MLN+** ADTs out last week
- Reportable lab messages still increasing, more than **234,000** received/sent to MDSS
- More than **23** million syndromic surveillance messages received/sent to MSSS
- Patient matching for ADTs now exceeding **50%** (using exact match)
- Ad-hoc working group for Consent reduced all proposed Use Cases (UCs) into one general “Exchange Patient Consent Statewide” Use Case with three scenarios
 - Submit Patient Consent, Retrieve Patient Consent, Revoke Patient Consent
 - No further scheduled meetings until Use Case Summary (UCS) is drafted
- MiHIN development of additional streamlined/automated Health Risk Assessments (HRAs) with major health plan well underway
- Medication Reconciliation Use Case ready to pilot in spring

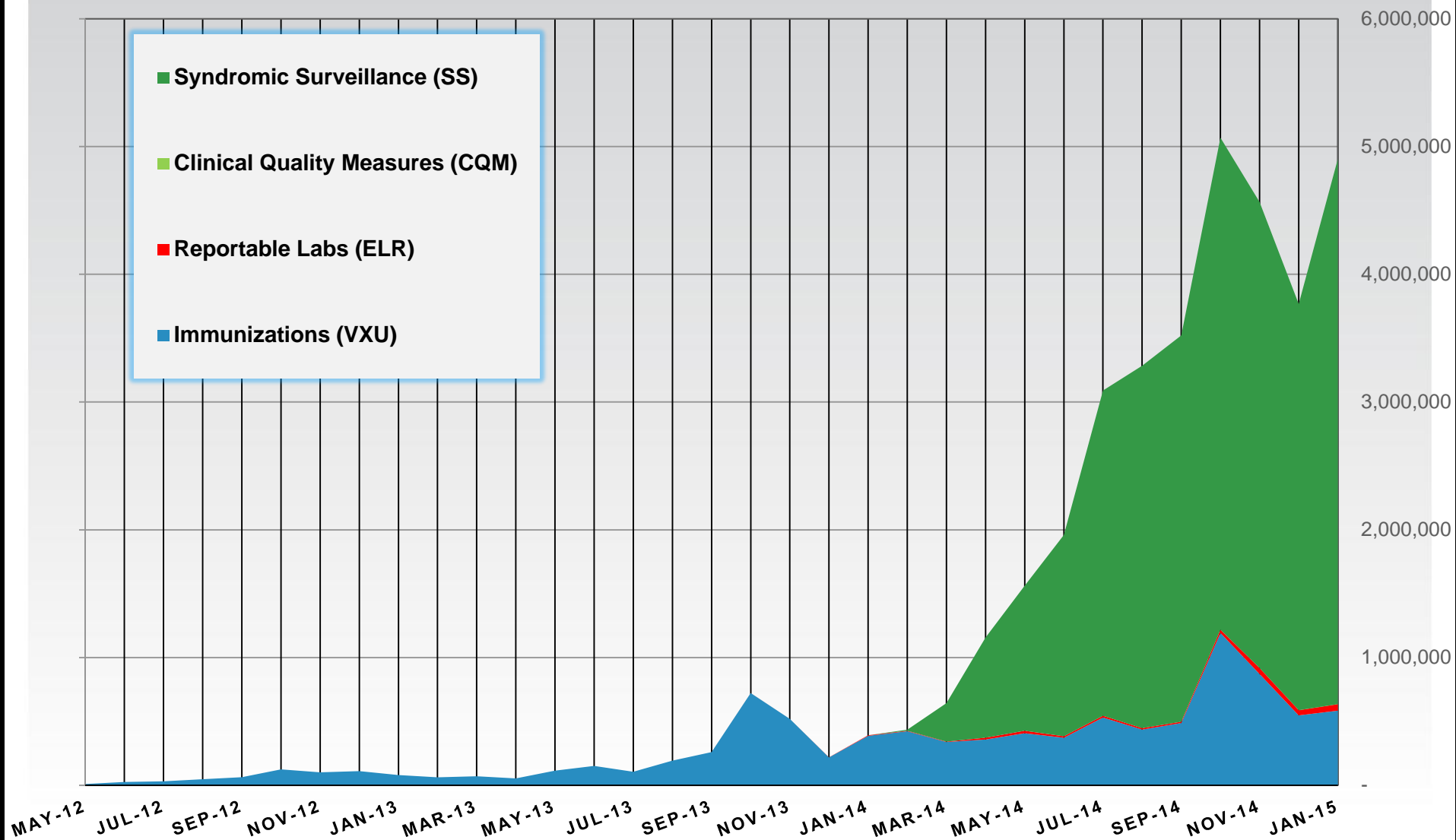
MiHIN Shared Services Utilization

- ONC may form HIT Resources Center for shared services like MiHIN’s
- Beaumont and UMHS participating in Identity Exchange Hub
- Pennsylvania is piloting use of MiHIN Health Provider Directory – “we like it”
- MiHIN in discussion with medical supplies companies to use ADTs to cut costs
- MiHIN presented two summaries at the ONC Annual Meeting in Washington DC:
 - Provider Directories: National status and proposal for National Directory
 - Clinical Alerts: ADTs, Medication Reconciliation, Medication Adherence
 - Several states asked if they can share Michigan’s services
- AMA in discussion with MiHIN about ADTs/ICBR for electronic Long Term Support Services (eLTSS)
- **Connecting Michigan for Health Weds-Fri June 3-5 Lansing Convention Center**
 - **Gov. Snyder presenting introductory remarks morning of Weds. June 3**
 - **Mark McClellan of Brookings Institute slated as keynote speaker**

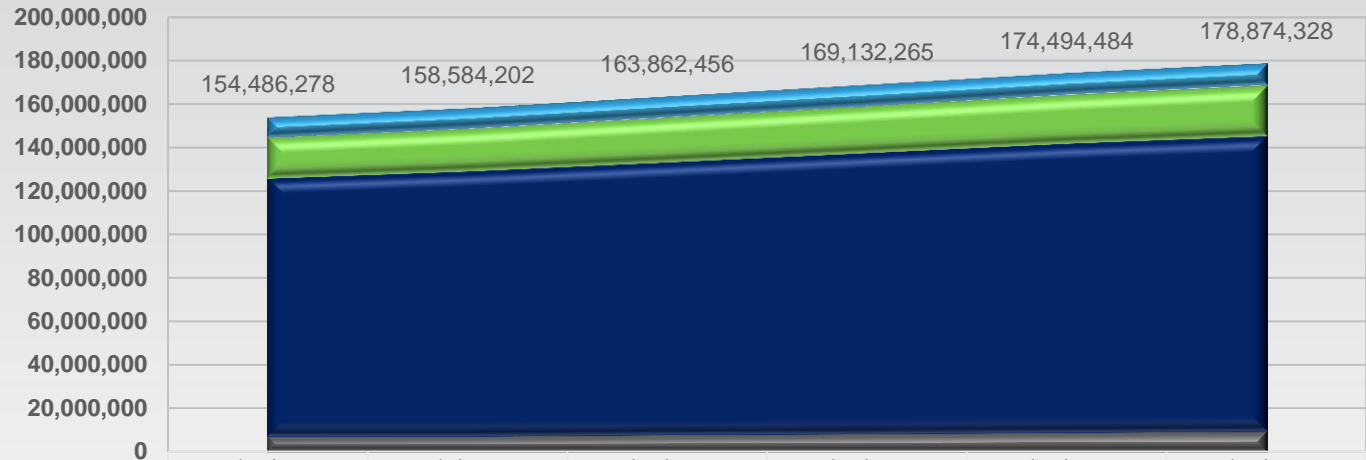
MONTHLY MESSAGE COUNT



MONTHLY PUBLIC HEALTH MESSAGES



Cumulative Message Volumes



	12/27/2014	1/3/2015	1/10/2015	1/17/2015	1/24/2015	1/31/2015
Submit Immunizations	9,280,980	9,350,049	9,486,445	9,661,910	9,805,681	9,900,923
Submit Reportable Labs	179,855	190,620	200,917	210,847	225,105	234,684
Submit Syndromic Surveillance Data	18,916,866	19,648,176	20,601,414	21,502,686	22,415,385	23,287,573
Submit ADT Notifications	118,838,115	121,815,872	125,568,249	129,320,594	133,003,473	135,883,181
Receive ADT Notifications	7,270,462	7,579,485	8,005,431	8,436,228	9,044,840	9,567,967
Total Messages	154,486,278	158,584,202	163,862,456	169,132,265	174,494,484	178,874,328



TRANSFORMING HEALTH IT: BUILDING UPON EARLY SUCCESS

HITC February Meeting
Tina R. Scott, Manager
Medicaid Information, Integration and Interoperability
February 19, 2015











MDCH Data Hub Goals

- **Support the EHR Incentive Programs and meaningful use objectives**
- **Enhance interoperability of the Medicaid Enterprise**
 - Uniquely identify Michigan's citizens across multiple programs to improve health outcomes (Enterprise Master Person Index - MPI)
 - Uniquely identify providers across multiple programs to improve coordination of care (MDCH Provider Index)
 - Leverage infrastructure for new initiatives
- **Reduce fraud by increasing connectivity/communication among MDCH systems**
- **Streamline data flow among MDCH systems and external partners**
- **Enhance security**




Accomplishments, a quick review

- Goal: Support the EHR Incentive Programs and meaningful use objectives 
- Goal: Streamline data flow among MDCH systems and external partners
 - MCIR – Receive Immunizations via HIE – 2012 
 - Corporate Immunization submissions to MCIR – 2013
 - MDSS – Receive Electronic Reportable Labs – 2012 
 - MSSS – Receive Syndromic messages – 2013 
 - Cancer Registry - Receive Cancer Case Report Information -2014 
 - Birth Defects Registry - Receive Birth Defects Case Report – 2014 
 - BOL Newborn Screening - Receive Critical Congenital Heart Defects 2014
 - QUERY (Bi-Directional) - MCIR Query Forecast / Query History 2014



Accomplishments, cont.

- Goal: Enhance interoperability of the Medicaid Enterprise
- Goal: Increasing connectivity, communication among MDCH systems
 - Master Person Index
 - Stood Up Master Person Index (MPI) with initial data sets – 2012
 - Added additional Data Sets to MPI – 2013/2014 (on-going)
 - Establishing Governance Policy/Procedures – 2013/2014 (on-going)
 - Achieved real-time integration with MCIR systems - 2014
 - Provider Index
 - Standing up and population of Provider Index (PI) - 2014
 - CHAMPS Medicaid Provider, EHR Incentive Program participating Providers
 - Michigan NPPEs File (National Provider Index providers)
- Goal: Enhance security
 - Michigan Identity, Credentialing & Access Management - MILogin
 - Citizen Facing infrastructure supporting myHealthButton/myHealth Portal for Medicaid Beneficiaries - 2014

- **Support Healthy Michigan Plan**
 - Expand development of Citizen/Beneficiary access to information
 - Peace of Mind (Medicaid Beneficiary Advance Directives)
 - Immunizations – Beneficiary Access via mHB/mHP
- **Support MI Health Link project**
 - Care Team Access to Patient/Beneficiary information and ADT Alerts
- **Inbound Lab Order / Outbound Lab Results**
 - Add Bloodspot Order/Results, and Receive Early Hearing Detection & Intervention (EHDI) reporting
 - StarLIMS system – Order/Results to improve efficiency and accuracy via HIE
- **Cancer Registry** – Receive Cancer Pathology Lab results
- **MDSS** - Enable Disease case reporting to the CDC, from LHD's
- More Condition messages to populate Specialized Registry 



Infrastructure Development

- **Master Person Index**

- Integrate with MiHIN systems to support the MiHIN Common Key Service
- Integrate with the MICAM system
- Continue adding new data sets
- Plan and execute integrations with other systems as ID'd
- Develop outbound services

- **Provider Index**

- The PI will add more data sets, and integrate with MiHIN's Health Provider Directory or other DCH systems.

- **MICAM**

- Complete infrastructure build for Worker side
 - Begin migration and integration of MDCH Medicaid systems
- Integrations supporting DCH Medicaid projects - MI IL IMPACT project
- Implement MiHIN Federated Identity Management functionality
- Enable agency new application deployment for both Citizen and Worker



Q & A

..... putting the pieces together



Michigan EHR Incentive Program Dashboard Update

Jason Werner, MDCH





Participation Year (PY) Goals

February 2015 Dashboard

	Reporting Status	Prior # of Incentives Paid (December)	Current # of Incentives Paid (January)	PY Goal Number of Incentive Payments	PY Medicaid Incentive Funding Expended
Eligible Provider (EPs)	AIU 2013	1311	1313	1,003	\$27,476,270
	AIU 2014	238	276	1,000	\$5,765,838
	MU 2013	1081	1150	1,043	\$9,653,181
	MU 2014	200	305	1,444	\$2,487,672
Eligible Hospital (EHs)	AIU 2013	16	16	15	\$6,864,231
	AIU 2014	1	1	17	\$1,581,636
	MU 2013	79	79	70	\$28,167,511
	MU 2014	9	15	44	\$5,569,998

Cumulative Incentives for EHR Incentive Program 2011 to Present

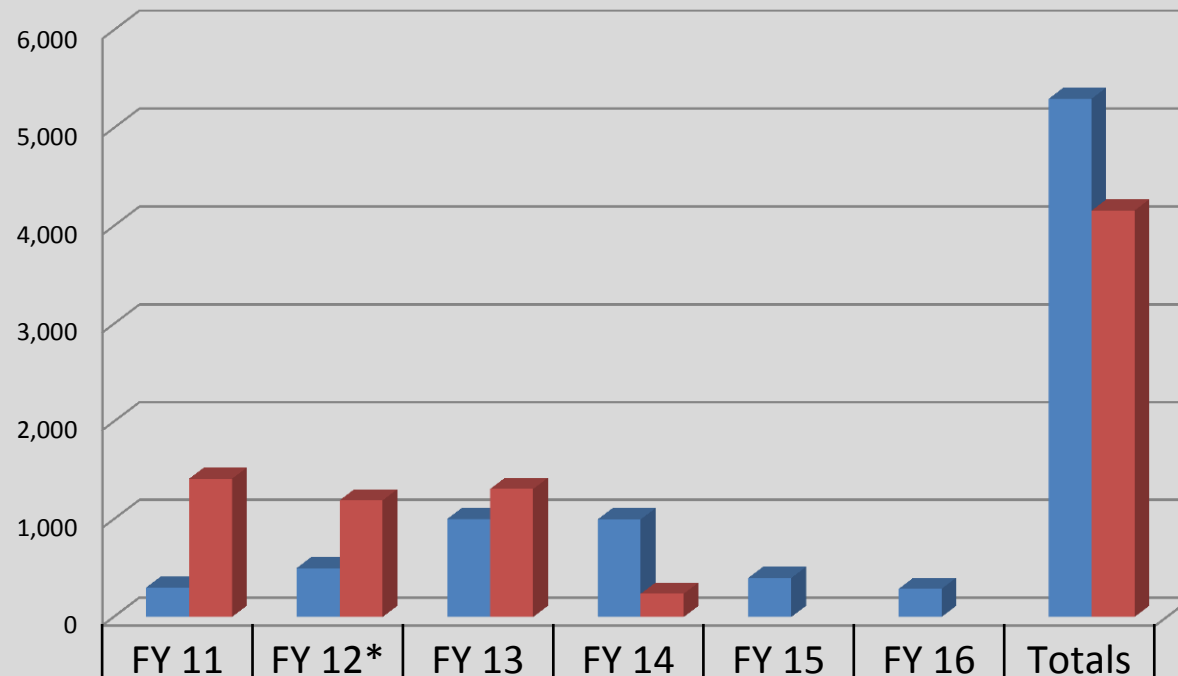
	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	4,231	\$166,391,904
MU	2,111	\$82,857,858

Key: AIU= Adopt, Implement or Upgrade MU= Meaningful Use



Eligible Professional Participation

Number of Eligible Professionals



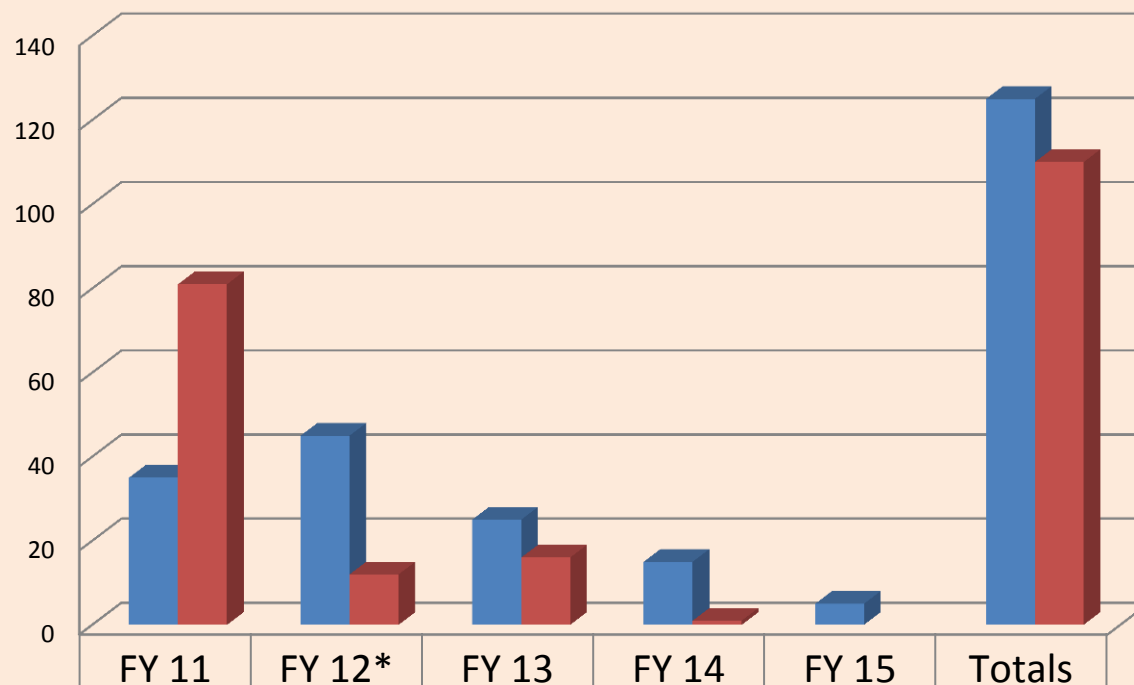
EP Estimates	FY 11	FY 12*	FY 13	FY 14	FY 15	FY 16	Totals
	300	500	1,003	1,000	400	288	5,300
Actual Paid EP Count	1,415	1,194	1,311	238			4,158

* After 2012 we updated our methodology of analyzing claims and encounter activity information from the data warehouse. This allowed us to better project program estimates.



Eligible Hospital Participation

Number of Eligible Hospitals



■ EH Estimates	FY 11	FY 12*	FY 13	FY 14	FY 15	Totals
	35	45	25	15	5	125
■ Actual Paid EH Count	81	12	16	1		110

* After 2012 we updated our methodology of analyzing claims and encounter activity information from the data warehouse. This allowed us to better project program estimates.



Points of Interest

Challenges when projecting estimates and EP participation:

- Flexibility Rule – Deployed in eMIPP 10/31/14
- 2015 MU Reporting Period – Stage III NPRM to allow for a 90 day period as opposed to full calendar year

2013 Provider Survey Highlights:

- Individuals struggle more than groups in regards to reduced need for staff/staff time, demonstrated business value, and improved efficiency
- M-CEITA is doing a good job and received a high satisfaction by providers

Pre and Post Payment audits:

- A very robust prepayment audit process continues
- Post payment audits have been started for 2012



M-CEITA

MICHIGAN CENTER FOR
EFFECTIVE IT ADOPTION

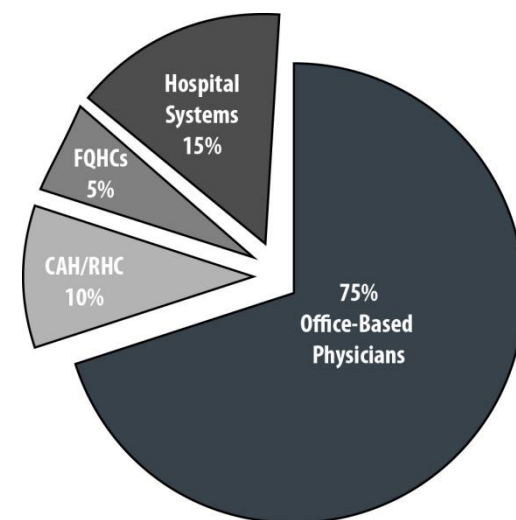
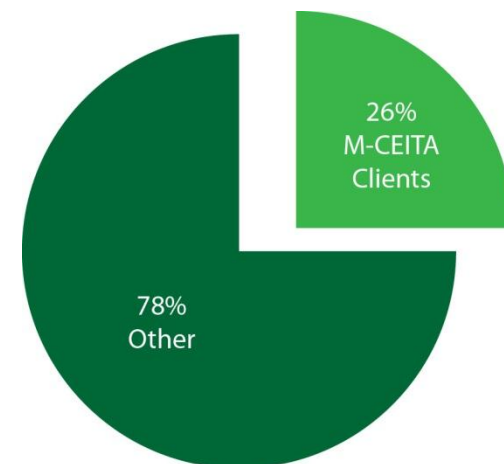
M-CEITA's Roadmap for 2015 and beyond

Bruce Maki, MA
Regulatory & Incentive Program Analyst

February 19, 2015

M-CEITA's Performance To Date

- ▲ 5,500+ providers have enrolled for M-CEITA support, impacting over 2 million patients
 - ▲ 4,400+ providers are live on EHR
 - ▲ Nearly **3,800** have successfully attested to **Meaningful Use**
-
- ▲ Latest survey shows 99% of M-CEITA customers are satisfied with services



Federal REC Program

- ▲ Support adoption and achievement of Stage 1 Meaningful Use with a minimum of 3,724 priority providers across Michigan's primary care community.

- | | |
|---------------------------------|---------------------|
| 1. Milestone 1 ~ Recruitment | 100% of goal |
| 2. Milestone 2 ~ EHR Go-Live | 100% of goal |
| 3. Milestone 3 ~ MU Attestation | 100% of goal |

- ▲ No Cost Extension #2

- Additional time to close out remaining accounts
- Timing of NCE #1 did not align with 2014 attestation deadlines

State Subsidized REC Program

▲ Medicaid Specialist Program:

- Goal ~ 600 EPs to MU by 9/30/16
 - 538 Signups
 - 197 AIU
 - 4 MU Attestations

▲ Stage 1 Expansion Program:

- Goal ~ 890 EPs to MU by 9/30/17
 - 339 Signups
 - 78 AIU or 2014 Upgrade
 - 48 MU Attestation

▲ Stage 2 Program:

- Goal ~ 100 EPs to MU by 9/30/15
 - 62 Signups
 - 18 CEHRT Upgrade
 - 1 MU Attestation

Million Hearts Projects

▲ ***CDC-DP13-1305 ~ Heart Disease Supplemental***

- Hosting a series of webinars and in-person meetings at healthcare systems, PO meetings and professional associations across the state to educate providers on best practices for improving the management of patients with high blood pressure and diabetes through the use of Health IT

▲ ***CDC-DP14-1422 ~ Health Systems Intervention***

- TA targeting specific community providers (identified by the MDCH Heart Disease/Stroke Prevention Unit) to implement and optimize their use of EHR technology to improve the identification and care of hypertensive patients as well as providing technical assistance in the promotion of patient self-management of HBP

▲ ***ASTHO Multi-State Learning Collaborative***

- Participating in the National ASTHO Million Hearts Learning Collaborative, partnering with MDCH to improve hypertension rates in selected clinics in the Muskegon area

In Development (2015 and beyond)

- ▲ Stage 3 Technical Assistance
- ▲ CDC-DP14-1422 ~ 3 add'l years
- ▲ eConsent/eCMS Support
- ▲ LTPAC Support
- ▲ Expansion of QI/PI Support
- ▲ PQRS Technical Assistance
- ▲ ICD-10 Technical Assistance



Questions?

www.mceita.org

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HITC Next Steps

- Meeting Frequency

Public Comment



Adjourn

